

## **APPLICATION DATA SHEET**

### **APPLICATION INFORMATION**

Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Title::	METHODS AND APPARATUS FOR PROVIDING PRINTING SERVICES BY ASSIGNING A TELEPHONE NUMBER TO A PRINTER
Attorney Docket Number::	EFI-209
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	1
Small Entity?::	No
Petition Included?::	No

### **APPLICANT INFORMATION**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Ofer
Family Name::	Tenenbaum
City of Residence::	San Jose
State or Province of Residence::	CA
Country of Residence::	United States
Street of Mailing Address::	21450 Chona Court
City of Mailing Address::	San Jose
State or Province of Mailing Address::	CA
Country of Mailing Address::	United States
Postal or Zip Code of Mailing Address::	95120

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United States  
Status:: Full Capacity  
Given Name:: John  
Family Name:: Armstrong  
City of Residence:: Half Moon Bay  
State or Province of Residence:: CA  
Country of Residence:: United States  
Street of Mailing Address:: 393 Saint Andrews Lane  
City of Mailing Address:: Half Moon Bay  
State or Province of Mailing Address: CA  
Country of Mailing Address:: United States  
Postal or Zip Code of Mailing Address:: 94019  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United States  
Status:: Full Capacity  
Given Name:: Brian  
Family Name:: Horner  
City of Residence:: Berkeley  
State or Province of Residence:: CA  
Country of Residence:: United States  
Street of Mailing Address:: 2796 Grant Street  
City of Mailing Address:: Berkeley  
State or Province of Mailing Address: CA  
Country of Mailing Address:: United States  
Postal or Zip Code of Mailing Address:: 94703

#### **CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 20028  
Phone Number:: (203) 459-0200

Fax Number:: (203) 459-0201  
E-Mail Address:: barry@patlawfirm.com

#### REPRESENTATIVE INFORMATION

Representative Customer Number::	20028	
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#### DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	an application claiming the benefit under 35 USC 119(e)	60/450,654	02/28/03

#### ASSIGNEE INFORMATION

Assignee Name:: Electronics for Imaging, Inc.  
Street of Mailing Address:: 303 Velocity Way  
City of Mailing Address:: Foster City  
State or Province of Mailing Address:: CA  
Country of Mailing Address:: United States  
Postal or Zip Code of Mailing Address:: 94404